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| SERIAL NUMBER 10/617,037 | FILING or 371(c) DATE 07/11/2003 RULE | CLASS 601 | GROUP ART UNIT 3737 | ATTORNEY DOCKET NO. 26141 | | |
| APPLICANTS Avner Spector, Savyon, ISRAEL; ** CONTINUING DATA ***** This application is a DIV of 09/814,359 03/22/2001 PAT 6,755,796 which is a CIP of PCT/IL00/00069 02/03/2000 ** FOREIGN APPLICATIONS ***** ISRAEL 141428 02/14/2001 ISRAEL 128404 02/07/1999 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 10/07/2003 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RUTH S SMITH/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY ISRAEL | SHEETS DRAWINGS 8 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 2 |
| ADDRESS MARTIN D. MOYNIHAN PRTSI INC. P.O. BOX 16446 ARLINGTON, VA 22215 UNITED STATES | | | | | | |
| TITLE Pressure-pulse therapy apparatus | | | | | | |
| FILING FEE RECEIVED 525 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |